



COUNTY OF SAN DIEGO DOWNPAYMENT & CLOSING COST ASSISTANCE (DCCA) PROGRAM

DECLARATION OF NO INCOME

Effective August 1, 2005

BOARD OF SUPERVISORS

GREG COX
First District

DIANNE JACOB
Second District

PAM SLATER-PRICE
Third District

RON ROBERTS
Fourth District

BILL HORN
Fifth District

THIS DOCUMENT IS TO BE SIGNED BY APPLICANTS WHO CLAIM NO INCOME.

The Downpayment And Closing Cost Assistance (DCCA) Program is funded by the federal HOME Investment Partnerships Program. The County of San Diego is required to verify all income of anyone receiving assistance from HOME funds. To comply with this requirement, we ask your cooperation in supplying the information requested in the Certification below. This information will be held in strict confidence and used only for the purpose of establishing eligibility for the DCCA Program.

CERTIFICATION

I, _____, do hereby certify that I do **NOT** receive income from **ANY** source. I understand that sources of income include, but are not limited to, the following:

Employment by Other
Unemployment Compensation
Social Security
Workers Compensation
Child Support
Education Grants/Work Study
Self Employment
AFDC
SSI

Retirement Funds
Alimony
Income from Assets
Pensions
General Assistance
Disability
Union Benefits
Family Support
Annuities

I certify that the foregoing is true, complete and correct. Inquiries may be made to verify statements herein. I also understand that false statements or omissions are grounds for denial of the DCCA loan request and/or prosecution under the full extent of California law.

Signature: _____ Date: _____

Social Security Number #: _____

Witness Name (print or type): _____

Witness Signature: _____ Date: _____